.

	CANDIDAT	FORM C/OH				
	CAMPAIGN	N FINANCE REPORT 3822	COVER SHEET PG 1			
	e C/OH Instructions form.	2 Total pages filed:				
3	CANDIDATE / OFFICEHOLDER	TITLE FIRST MI	OFFICE USE ONLY			
	NAME	MR. DARWIN L.	Date Received 🔾			
		NICKNAME LAST SUFFIX MC Kee	VIS COUNTY			
4	CANDIDATE / OFFICEHOLDER ADDRESS	P.O. Box 2513	FO PALVALMON SERVE PROPERTY OF THE PROPERTY OF			
	Change of Address	AUSTIN, TX. 78767	rex A			
5	CAMPAIGN TREASURER	TITLE FIRST MI	Receipt #			
	NAME	MR. Kelly R.	HD / PM Amount			
		NICKNAME LAST SUFFIX	Date Processed			
		Evans	Date Imaged			
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE			
	ADDRESS (Residence or business)	7300 MENDOWOOD DRIVE Austi	in, Tx. 78723			
7	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
	PHONE	(512)926-2684				
8	REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)			
		July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
9	PERIOD COVERED	Month Day Year Month Day 1 / 1 / 98 THROUGH 1 / 29	/ 98			
10	ELECTION	ELECTION DATE Month Day Year 3 / 10 / 98	General Special			
11	OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if know				
Travis Co. Commissioner Travis Co. Commissioner						
~	CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
BY OTHER INDIVIDUALS Name						
		Address / PO Box; Apt. / Suite #; City; State; Zip Code				
	additional pages					
	GO TO PAGE 2					
<u> </u>						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Darwi	n McKee	15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	tes political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates a sy receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit be	low and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$127.30
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4,275.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	
	4. TOTAL	POLITICAL EXPENDITURES	\$4,543.10
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$3,031,96
19 AFFIDAVIT	1		perjury, that the accompanying report information required to be reported by

FELICITAS B. CHAVEZ Notary Public, State of Texas My Commission Expires DEC. 5, 1998

me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Swom to and subscribed before me, by the said Darwin MCKee this the 9th day of February

, to certify which, witness my hand and seal of office.

Signature of officer administering oat

Title of officer administering oath

Texas Ethics Commission

POLITICAL CONTRIBUTIONS THER THAN DIEDGES OF LOAMS

SCHEDULE A

OTHER	OTHER THAN PLEDGES OR LOANS						
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Sche	dule A: 3				
2 FILER NAME	Darwin McKee		3 ACCOUNT# (Eth	ics Commission filers)			
4 Date	5 Full name of contributor John Hille 6 Contributor address; City; State; Zip Code 9201 Elm Creek Cove Austin, Tx. 78736	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)			
9 Principal occu	pation	10 Employer (option	al)				
Date	Vivainia Agnew	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)			
סדורןי	Contributor address; City; State; Zip Code 1204 Castle Hill Aus	tin, Tx. 78702	#100.00				
Principal occu	pation	Employer (option	at)				
Date	Full name of contributor [Cal Varner	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)			
1/12/98	Contributor address: City: State: Zip Code	. 78702	#1,000.00	1 			
Principal occu	pation	Employer (option	al)				
Date 1/12/98	Gary Calfee	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)			
412140	Contributor address: City: State: Zip Code 1122 Colorado, Suite 3 Austin, Tx. 78701	801	\$100.00	 			
Principal occu	upation	Employer (option	oal)				
Date	Shery Nelson Cole	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)			
1/2/98	Contributor address: City; State; Zip Code 4304 Parkwood Austin, Ti	x. 78722	\$100.00	 			
Principal occi	upation	Employer (option	nal)				

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS					
The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	edule A: 3	
2 FILER NAM	E Darwin McKee		3 ACCOUNT# (Ett	nics Commission filers)	
4 Date	Velva L. Price	out of state PAC	7 Amount of contribution (S)	8 In-kind contribution description(if applicable)	
1/20/18	6 Contributor address; City; State; Zip Code 1601 Ridgement Dr. Aus	tin, Tk. 78723	\$ 100.00	 	
9 Principal occu	upation	10 Employer (option	aal)		
Date	BM & OH-Electo-Pac	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
1/23/98	Contributor address: City: State: Zip Code 1400 Plaza III Congress Ave. Austin,	Tx. 79701	\$ 500.00	 	
Principal occu		Employer (option	al)	1	
Date	Barbara Wilson	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
1/27/18	Contributor address: City; State: Zip Code 2425 Ashdale, No. 24 Austin, Tx. 78757		\$ 50.00		
Principal occi		Employer (option	al)		
Date	Withie McKee	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
1/27/98	Contributor address: City: State: Zip Code 4901 Hillclale Dr. Austi	и, Тҳ. 78723	\$500.00		
Principal occ	upation	Employer (option	l ial)	<u> </u>	
Date	Casey James Calhoun	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
1/24/98	Contributor address; City; State; Zip Code 6406 Hartwick Place	•••••	\$50.00	 	
	Austing Tx. 78723				
Principal occ	upation	Employer (optional)			
lf cont	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Mark 18

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS					
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Scher	dule A: 3	
2 FILER NAME Darwin McKee			3 ACCOUNT # (Eth	ics Commission filers)	
4 Date	5 Full name of contributor Tan Inglis	Out of state PAC	7 Amount of contribution (S)	8 In-kind contribution description(if applicable)	
1/29/98	6 Contributor address; City; State; Zip Cool 1012 Rio Grande, Austin		#150.00		
9 Principal occu	pation	10 Employer (option	al)		
Date	Full name of contributor R.E. Merri H	out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)	
1/26/98	Contributor address; City: State: Zip Cool 1100 Silver Hills Drive Austin, Tx. 78746	de	#1,500.00		
Principal occu	pation	Employer (option	al)		
Date	Full name of contributor Jo A. Clifton	out of state PAC	Amount of contribution (S)	In-kind contribution description(if applicable)	
1/28/48	Contributor address; City; State; Zip Coo 2304 Spring Creek Dr., A		\$ 25.00		
Principal occu	pation	Employer (option	Employer (optional)		
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; State; Zip Cod	de			
Principal occupation		Employer (optional)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; State; Zip Contributor	de			
Principal occupation Employer (o			al)		
If cont	ATTACH ADDITIONAL COP			ing requirements.	

LOANS			SCHEDULE E
The Instruction Gui	DE explains how to complete this form.	1 Total page	es Schedule E:
2 FILER NAME	Darwin McKee	3 ACCOUN	T # (Ethics Commission filers)
4 TOTAL OF UN	IITEMIZED LOANS: ⇒	+ + + + + +	\$ 29.33
5 Date of loan	7 Name of lender out o	f state PAC	9 Loan Amount (\$) #1,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Cod 7601 Glenhill Cove	e	10 Interest rate
Y (N)	Austin, Tx. 7875	52	11 Maturity date
12 Description of Collate	ral		
13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amount Guaranteed (S)
not applicable	15 Guarantor address; City; State; Zip Cod	e	••••
17 Principal Occupation	18 En	ployer	
Date of loan	Name of lender out of	f state PAC	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Cod 7601 Glen Hill Cove	• · · · · · · · · · · · · · · · · · · ·	Interest rate NA
Y (N)	Austin, Tx. 78752		Maturity date NA
Description of Collate	ral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (5)
not applicable	Guarantor address; City; State; Zip Cod	e	
Principal Occupation	En	pployer	<u> </u>
			(1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. 40,000 - 100

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POLITIO	CAL EXPENDITURES.	-	SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.	1 Total page	s Schedule F:
2 FILER NAME	Darwin Mckee	3 ACCOUN	T # (Ethics Commission filers)
4 Date	4 Date 5 Payee name Eleanor Thompson		
1/16/98	6 Payee address: City: State: Zip Code 1705 Walnut Ave. Austin, Tx. 78702		\$500.00
8 Purpose of exp		9 Complete if direct expenditure to ben	
Consulta	tion services	Candidate / Officeholder name	Office sought / held
Date	Payee name		Amount
1/16/48	Chris Sannders Payee address; City; State; Zip Code 3713 Windsor Rd.	•••••	\$ 500.00
•	4 — —		
	Austin, Tx. 78703		
Consulta hi	on 4 office services	 Complete if direct expenditure to ben Candidate / Officeholder name 	Office sought / held
Date	Payee name		Amount (\$)
1/21/98	Will Leseiur Payee address; City; State; Zip Code 1207 Barton Springs		\$300.00
· ·	Austin, Tx. 78704		
Purpose of ex	penditure	Complete if direct expenditure to ber Candidate / Officeholder name	efit C/OH Office sought / held
, ' V	or labor to put up to	Candidate / Cincarloide/ Harris	
Date	Payee name		Amount
Date	Home Depot		Amount (\$)
1/10/48	Payee address: City; State; Zip Code 5400 Brodie Lane Austin, Tt. 78745	***************************************	\$162.96
Purpose of ex	L spenditure	· Complete if direct expenditure to ber	nefit C/OH
	s 4 supplies for yard signs	Candidate / Officeholder name	Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F. 4 2 FILER NAME Data 5 Payer name Travis County Tax Assessor 6 Payer address: City: State: Zip Code Payer address: City: State: Zip Code IZ1/48 Precinct maps. Date Payer address: City: State: Zip Code IZ1 E. 6 to st. Austin, Tx. 78701 Purpose of expenditure Printing Costs for push cards Date Payer name Kinkos Copy Center Printing Costs for push cards Date Payer name Kinkos Copy Center Printing Costs for push cards Date Payer name Kinkos Copy Center Candidas / Officeholder name "Complete if direct expenditure to benefit C/OH "Office expentiture to benefit C/OH "Office expenditure to benefit C/OH "Offi	POLITIO	CAL EXPENDITURES	<u>-</u>	SCHEDULE F
Javwin Makee 4 Date S Payee name Travis County Tax Assessor 1/16/18 6 Payee address; City: State: Zip Code P.O. Box 1748 Austin, Tx. 78767-1748 9 "Complete if direct expenditure to banefit CiOH "Office sought head Candidate / Officeholder name Manual (S) Date Payee name Vinkos Copy Center (S) Full Code Full E	The Instruction	N GUIDE explains how to complete this form.	1 Total	pages Schedule F:
Travis County Tax Assessor 1	2 FILER NAME	Darwin McKee	3 ACCC	OUNT # (Ethics Commission filers)
8 Purpose of expenditure Precinct maps. Date Payee name Kinkos Copy Center 1/27/48 Payee address: Austin, Tx. 78701 Purpose of expenditure Payee name Kinkos Copy Center 1/27/48 Payee address: City: State: Zip Code Austin's Consult field the cands Candidate / Officeholder name Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Amount (s) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Amount (s) Lity: State: Zip Code (b) Lity: State: Zip Code (candidate / Officeholder name Amount (s) Payee address: City: State: Zip Code (candidate / Officeholder name Amount (s) Landadate / Officeholder name Amount (s) Payee address: City: State: Zip Code (candidate / Officeholder name Amount (s) Landadate / Officeholder name Amount (s) Payee address: City: State: Zip Code (candidate / Officeholder name Amount (s) Landadate / Officeholder name Amount (s) Payee address: City: State: Zip Code (candidate / Officeholder name) Amount (s) Landadate / Officeholder name Amount (s) Payee address: City: State: Zip Code (candidate / Officeholder name) Amount (s) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Amount (s) Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office stopper / held Candidate / Officeholder name Office stopper / held		(\$)		
Precinct maps. Date Payee name Kinkos Copy Center (3) 1/27/46 Payee address: City: State: Zip Code 121 E. 6th St. Austin, Tx. 78701 Purpose of expenditure Printing costs for push cards Date Payee name Kinkos Copy Center (3) 1/27/48 Payee address: City: State: Zip Code 6406 N. IH - 35 Austin, Tx. 78752 Purpose of expenditure Tx. 78752 Purpose of expenditure Candidate / Office holder name (5) Date Payee name Kinkos Copy Center (5) 1/28/48 Payee address: City: State: Zip Code 6406 N. IH - 35 Purpose of expenditure Candidate / Office holder name (5) Date Payee name Fax documents for phane installation Payee address: City: State: Zip Code 8319 No. Launar Austin, Tx. 78753 Purpose of expenditure to benefit CiOH - Candidate / Office holder name Office sought/hald	8 Purpose of exp	<u> </u>		
Kinkos Copy Center Payee address; City: State: Zip Code 121 E. 6th St. Austin, Tx. 78701 Purpose of expenditure Printing costs for push cards Date Payee address; City: State: Zip Code 1/27/18 Payee address; City: State: Zip Code 6406 N. IH-35 Austin, Tx. 78752 Purpose of expenditure Fax documents for phone installation Date Payee name Furvows Lumber Co. 1/28/19 Payee address: City: State: Zip Code 84.33 Armount Candidate / Officeholder name Armount (S) Armount (S) Armount Fax documents for phone installation Date Payee name Furvows Lumber Co. 1/28/19 Payee address: City: State: Zip Code 8319 No. Lamar Austin, Tx. 78753 Purpose of expenditure to benefit C/OH Candidate / Officeholder name Citics sought / held Armount (S) 427.57 Purpose of expenditure to benefit C/OH Candidate / Officeholder name Citics sought / held Office sought / held	Precine	et maps.		•
Purpose of expenditure Printing costs for push cards Oate Payee name Kinkos Copy Center (s) Payee address: G406 N. IH-35 Austin, Tx. 78752 Purpose of expenditure Date Payee name Fax documents for phone installation Date Payee name Fax documents Fax documents Payee address: City: State: Zip Code Candidate / Office folder name Candidate / Office folder name Amount (s) Amount (s) Amount Candidate / Office folder name Amount (s) Payee name Furrows Lumber Candidate / Office folder name Amount (s) Payee name Furrows Lumber Amount (s) Payee name Furrows Amount (s) Complete if direct expenditure to benefit C/OH (s) Payee address: City: State: Zip Code 8319 No. Lamar Austin, Tx. 78753 Purpose of expenditure Complete if direct expenditure to benefit C/OH Complete if direct expenditure to benefit C/OH Candidate / Office sought / held		Kinkos Copy Center Payee address; City; State; Zip Code 121 E. 649 St.		(\$)
Rinkos Copy Center (5) 1/27/98 Payee address; City: State: Zip Code (6406 N. IH-35 Austin, Tx. 78752 Furpose of expenditure Candidate / Office ought / held	_	penditure		
Purpose of expenditure Payee name Furvows Lumber Co. 1/28/98 Payee address; City: State; Zip Code 8319 No. Lamar Austin, Tx. 78753 Purpose of expenditure Candidate / Office holder name P4.33 Purpose of expenditure to benefit C/OH Candidate / Office holder name Candidate / Office holder name P4.33 Purpose of expenditure Candidate / Office holder name P4.33 Purpose of expenditure to benefit C/OH Candidate / Office holder name Office sought / held	Oate	Payee name Kinkos Copy C	enter	
Fax documents for phone installation Date Payee name Fuvrows Lumber Co. 1/28/98 Payee address; City; State; Zip Code 8319 No. Lamar Austin, Tx. 78753 Purpose of expenditure ** Complete if direct expenditure to benefit C/OH ** Candidate / Office sought / held	1/27/98	6406 N. IH-35	•	^{\$} 4.33
Furrows Lumber Co. 1/28/98 Payee address: City: State: Zip Code 83/9 No. Lamar Austin, Tx. 78753 Purpose of expenditure "Complete if direct expenditure to benefit C/OH "Candidate / Office holder name Office sought/held				benefit C/OH ·· Office sought / held
Purpose of expenditure Payee address; City: State: Zip Code 8319 No. Lawar Austin, Tx. 78753 Purpose of expenditure "Complete if direct expenditure to benefit C/OH "Candidate / Office sought / held		Furrows Lumber Co.		(\$)
Candidate / Office holder name Office sought / held	1/28/98	Payee address; City; State; Zip Code 8319 No. Lawar		A27.57
	· ·			

Texas Ethics Com	mission P.O. Box 12070 Austin, Texas 787	711-2070	(512) 463	-5800 1-800-325-8500
POLIT	ICAL EXPENDITURES.		,	SCHEDULE F
The Instruct	on duns explains how to complete this form.	And the second s	1 Tolal papes Su	hadula Fi
2 FILER NAM	45			4
	Jarwin Mc Kee		3 ACCOUNT#	Ethics Commission filers)
4 Date	Democratic Party	••••		(5)
11-110	6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, Texas May68	-4262	:	#1,000 <u>≈</u>
8 Purpose of e	xpenditure	9 - Complete if direct expe	enditure to benefit (C/OH ••
Caudida	ate filing fee	Candidate / Officeholder	flame	Office sought / held
Date	Ace Printing			Amount (\$)
1/6/98	Payee address; City: State: Zip Code P.O. Box 13522 Austin, Tx. 78711			#2,002.63
Purpose of e		 Complete if direct expendence Candidate / Officeholder 		C/OH ··· Office sought / held
Date	Payee name			Amount (5)
	Payee address; City; State; Zip Code	r '		
Purpose of e	expenditure			C/OH ··· Office sought / held
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code	••••••		
Purpose of o	expenditure	·· Complete if direct exp Candidate / Officeholder		C/OH ·· Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

Take to

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

exas Ethics Con	mmission P.O. Box 12070 Austin, Texas 78711-2070	(512) 46	53-5800 1-800-325-8
	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	NA	SCHEDULE
The Instruc	TION GUIDE explains how to complete this form.	1 Total pages Sched	ule I:
2 FILER NA	ME Darwin McKee	3 ACCOUNT# (Ethi	cs Commission filers)
4 Date	5 Payee name	•	8 Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
·	Purpose of expenditure		
Date	Payee name Payee address; Clty; State; Zip Code		Amount (\$)
	Purpose of expenditure		
Date .	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

RT: FORM C/OH - FR

		MONAMON OF	T MAE ITE! OF		
	The Ca	OH Instruction Guide explete only if "Report T	explains how to complet ype" on C/OH page 1 is	e this form. marked "Final Report" ••	
1	C/OH N	Darwin	McKee		2 ACCOUNT # (Ethics Commission filers)
3	SIGNA	TURE			
	a repo	ort as a tinal report terminate	is my campaign treasurer appo	ures in connection with my candid pintment. I also understand thal gn treasurer appointment on file.	acy. I understand that designating I may not accept any campaign
				Signature of	Candidate / Officeholder
4		WHO IS NOT AN OFF plete A & B below only if yo			
	A.	CAMPAIGN FUNDS			
	Checi	conly one:			
		_	entributions or unexpended inter	est or income earned from politica	I contributions.
		also understand that I must for unexpended interest or in understand that I must disp	contributions or unexpended in ile an annual report of unexpend come earned on political contril	terest or income earned on politic led contributions and that I may no butions longer than six years afte ntributions and unexpended inter	utions. I understand that I may not all contributions to personal use. I of retain unexpended contributions if filing this final report. Further, I est or income earned on political
	В.	ASSETS			
					•
	Cneci	conly one: I do not retain assets nurcha	sed with political contributions o	r interest or other income from po	Daling A
		I do retain assets purchased may not convert assets purc	with political contributions or intended his political contribution hased with political contribution	erest or other income from politica s or interest or other income from	I contributions. I understand that I political contributions to personal cordance with the requirements of
				Signa	ture of Candidate
5		EHOLDER plete this section <i>only</i> if yo	u are an officeholder ••		
		I am aware that I remain subje	ect to filing requirements applicabl	ie to an officeholder who does not h	ave a campaign treasurer on file.
				Signat	ure of Officeholder